

physician does and what is done by all others on the team, we should try to make the difference clear by referring to *medical care* and *health service* as what they actually are.

By referring to the activities of physicians as *medical care*, and the activities of others in the health field as *health service*, we can clarify thinking about the important problems facing the profession and the nation. The physician, therefore, should not try to become a member of the team, as stated in your editorial, but must accept the responsibility of being its leader. History of all organized activities indicates that leaders must always be distinguished from those being led, no matter how closely they may work together.

Your question in the preceding editorial on medical education concerns the direction it is taking. Where is it going? No one can answer the question but before the attempt is made there should be some understanding of what we are talking about. Clarification here is the distinction between *education* and *training*. It is impossible for any medical school to prepare any person for the practice of medicine for any given time after graduation. Medical education should *not* be preparation for practice. Training for function in the real world comes later. The words *training* and *practice* are closely related and they are distinct from *education*.

The brain of the medical student should not be considered merely as a receptacle for a large number of facts. It should be considered an instrument having the ability to recognize the significance of facts when they are obtained. True, the instrument must have a memory bank of facts of permanent value, but it must be ready to integrate newly acquired facts with the basic material and come to an intelligent conclusion.

This means, of course, that education in a medical school is a mind developing process and is only an introduction to education that must continue throughout life. The total volume of fact to be acquired after graduation far exceeds anything that can be crammed into the brain of the medical student before he graduates. Education, then, becomes a continuing process. The physician, in this process, and only in this process, is distinguished from other members of the team by being a member of a learned profession.

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Editor
NORTHWEST MEDICINE

An Unexpected Protest

To the Editor: I am enclosing a copy of an unexpected protest letter received from the young daughters of a patient whom my partner had just placed on a weight reduction regimen as an aid in reduction of mild hypertension. I believe the charm of the youngsters' note speaks for itself.

HAROLD M. COHEN, M.D.
Sylmar

Doctor radley,
We don't want our Mother on a diet. We want a fat Mommy. So she will Look like a Mommy and more to hug.

The _____ girls.

Coronary Arteriography

To the Editor: In the Vol. 115, No. 5 November issue of CALIFORNIA MEDICINE, Dr. Selzer et al presented the lead article concerning indications for coronary arteriography. An assumed association between caseload and risk of coronary arteriography is implied throughout the article, however, the figures may be somewhat misleading. His statement that no statistical analysis of the figures concerning the rate of complications is necessary *should read* "is possible." He associates one institution supplying 2,700 cases with other institutions supplying 600 cases. Although the totaled complications of the latter institutions was 6.1 percent, what were the individual institution percentages? As an example, if two hospitals were represented, one could have a 1 percent complication rate and the other an 11.2 percent complication rate, giving an average complication rate of 6.1 percent, however, one institution has a much lower complication rate and conclusions from this type of survey would be difficult at best.

Also, it should be remembered that some institutions have several cardiologists performing